Name:

Welcome to Miriam Loving Care Agency

When applying for a position with us, applicant must submit all the following documents:

1. Driver's license
2. Social security card
3. CNA certification (if applicable)
4. CPR and first aid certification
5. TB - PPD test results/x-ray
6. Background check

Failure to do so will delay employment process and start date.

Thank you for your cooperation!

Miriam Loving Care Agency, LLC is an equal employment opportunity. Employer does not discriminate because of race, color, religion, sex, age and national origin.



PERSONAL INFORMATION

First Name: Address:

## EMPLOYMENT APPLICATION

#### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name:

City: Phone: E-mail:

Fax:

State:

Zip

Cell:

Social Security Number: How did you hear about us?

Date of Birth:

⃝ Newspapers ⃝ Internet ⃝ Flyers ⃝ Others

Other, please specify:

\*Referred by:

Have you ever applied with Miriam Loving Care Agency? If so, please specify (dates):

Do you have any allergies or special medical condition? If so, please specify:

⃝ Yes ⃝ No

⃝ Yes ⃝ NO

Do you have a valid driver's license? Do you have reliable transportation?

Are you legally authorized to work in the United States? Have you ever been convicted of a felony?

⃝ Yes ⃝ No ⃝ Yes ⃝ No ⃝ Yes ⃝ No

⃝ Yes ⃝ NO

**EDUCATIONAL BACKGROUND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SCHOOL NAME AND LOCATION** | **DATES** | **GRADUATED** | **TYPE OF DEGREE** | **SUBJECTS** |
| High School |  |  |   | YesNo |  |  |
|  |
| College |  |  |   | Yes No |  |  |
|  |
| Business, Trade or Correspondence School(S) |  |  |   | Yes No |  |  |
|  |
| Undergrad |  |  |  | YesNo |  |  |
|  |
| Grad School |  |  |   | Yes No |  |  |
|  |

**CERTIFICATIONS AND LICENSES**

Do you have your CPR and first-aid certification? Yes No

If so. certifications issue date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month / day / year

Has a license/certification ever been issued in another state?

 Yes No

Do you have a valid license/certification? ⃝ Yes ⃝ No

License/certification type: State: License# Expiration date

 1.

 2.

Has your professional license, certificate or registration ever been subject to disciplinary action by any state board such as by reprimand, suspension or revocation? ⃝ Yes ⃝ No

Are you currently working under a consent order or with a restricted license? ⃝ Yes ⃝ NO

Are you aware of any pending complaints or investigation against your professional license, certificate or registration in any state to the best of your knowledge? ⃝ Yes ⃝ No

Do you have any restrictions which would interfere with your ability to perform the essential duties of the position for which you have applied? ⃝ Yes ⃝ No

Do you have professional liability insurance? ⃝Yes ⃝No Carrier Name Policy Number Expiration date

WORK HISTORY

Start with your must recent employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE MONTH AND****YEAR** | **NAME AND ADDRESS OF EMPLOYER(S)** | **ENDING SALARY** | **POSITION HELD** | **REASON FOR LEAVING** |
| From: |  | $ |  |  |
| To: |
|  |
| From: |  | $ |  |  |
| To: |
|  |
| From: |  | $ |  |  |
| To: |
|  |
| From: |  | $ |  |  |
| To: |
|  |
| From: |  | $ |  |  |
| To: |
|  |

PERSONAL REFERENCES

Give below the names of three persons not related to you, whom you have known at least 1 year

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS AND PHONE NUMBER** | **TYPE OF BUSINESS** | **YEARS KNOWN** |
|  |  |  |  |
|  |
|  |
|  |  |  |  |
|  |
|  |
|  |  |  |  |
|  |
|  |

EMERGENCY CONTACT INFORMATION 1.

First Name: Phone:

E-mail:

How is this person related to you?

 Cell:

Last Name:

EMERGENCY CONTACT INFORMATION 2.

First Name: Phone:

E-mail:

How is this person related to you?

Cell:

Last Name:

Acknowledgment and Authorization

I represent that the information provided in this employment application (and accompanying documents, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from any further consideration for employment and may be justification for dismissal from employment of discovered at a later date. I agree to immediately notify Miriam Loving Care Agency, LLC if I should be convicted of any crime while my job application is pending.

I authorize investigation of all statement contained in this application and authorized any individual or entity to provide information and opinion to Miriam Loving Care Agency, LLC as part of the investigation. I authorize Miriam Loving Care Agency, LLC to disclose information contained in this application along with any information about me obtained through investigation or during the course of the interview process. I release Miriam Loving Care Agency, LLC and any individual, or entity providing information to Miriam Loving Care Agency, LLC from any legal liability for any damages; from the disclosure of this information.

I understand that if accused of wrongdoing while employed, I may be subjected to probe by an outside agency.

I understand that if I am hired; my employment is "at will" which means that it is for no definite period of time and may be terminated by me or Miriam Loving Care Agency, LLC at any time for any reason.

I understand that if I am hired; Miriam Loving Care Agency, LLC does not guarantee any specific number of hours or shifts. I understand and agree that I will not accept employment by any Miriam Loving Care Agency, LLC client where I have been assigned by Miriam Loving Care Agency, LLC for a period of six

(6) months following termination of my employment with Miriam Loving Care Agency, LLC

I understand that if I am hired, a client may decide not to utilize my services at any time and will inform Miriam Loving Care Agency, LLC if this occurs. That decision is made solely by the client. I understand that disclosure of the reason(s) for any such decision is at the sole discretion of the client and that I am not privy to that information. I understand and acknowledge that if this occurs, I may not be assigned to other clients. In the event I have any concerns regarding my assignment to a client, I will immediately bring my concerns to Miriam Loving Care Agency, LLC

I agree, if I am hired by Miriam Loving Care Agency, LLC, to keep my credentials and JCAHO and OSHA in service requirements current, and to abide by the policies, procedures and supervision of the client to which I am assigned and those of Miriam Loving Care Agency, LLC

Consumer notification for Miriam Loving Care Agency, LLC

This is to inform you that a consumer report or an investigative consumer report may be obtained from a consumer agency for the purpose of evaluating you employment, assignment, promotion, reassignment, or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living form public record sources or through personal interviews with your neighbors, friends or associates. You may also have the right to request additional disclosures regarding the nature and scope of the investigation.

I certify that the information I have provided in this enrollment form is true and complete to the best of my knowledge, and I understand that one or more falsified statements within this application is grounds for rejection. I understand the content, terms and conditions and I was given the opportunity to ask questions. By signing this document, I certify that I agree and accept the information contained in this document.

Applicant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

#### Please help us protect you better by providing the HR Department with names and phone numbers of people to be contacted in case of an emergency. This information will be kept in your employee file and used only in an emergency.

To be effective, the people you provide should be individuals who can be reached during daytime hours (spouse, family members, friends, neighbors, etc.).

EMPLOYEE

First Name: Last Name:

EMERGENCY CONTACT INFORMATION 1

First Name: Phone:

E-mail:

How is this person related to you?

Cell:

Last Name:

EMERGENCY CONTACT INFORMATION 2

First Name: Phone:

E-mail:

How is this person related to you?

Cell:

Last Name:

## CONTRACT AGREEMENT

#### Social Security Number:

 is hired by Miriam Loving Care Agency, LLC

 (first and last name)

####  as an independent contractor. I understand and agree that I will be responsible for my federal and state taxes at the end of the year.

As an independent contractor I also understand and agree that I will not receive unemployment benefits and medical insurance benefits.

By signing this document, I certify that I understand this contract agreement and I was given the opportunity to ask questions. I agree and accept to perform my duties as assigned.

Applicant Signature: Date:

Office Representative Signature:

ORIENTATION INSTRUCTIONS

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to working with client, all employees shall be oriented in accordance with the rules and regulations of the office of regulatory services health care section.

The orientation includes instructions in the followings:

1. Miriam Loving Care Agency policies and procedures regarding its scope of services and the type of clients it serves.
2. The employee's assigned duties and responsibilities.
3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of services in accordance with the client's service plan.
4. The employee's obligation to report known exposure to tuberculosis and hepatitis to the employer.

Applicant Signature: Date:

BACKGROUND INFORMATION

First Name: Last Name: Address: ----------------------------------

City:

------------ State:

- - - - - - -

Zip

Social Security Number:

Miriam Loving Care Agency requires that all employees must show proof of evidence of free of abuse and negligence and all employees must meet the following minimum requirement.

I authorize Miriam Loving Care Agency to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

I understand that a criminal conviction does not result in automatic bar to employment and will be considered only as it relates to the job in question and the policies and practices of the assignment site.

I release any legal claim I may have against Miriam Loving Care Agency, its officers, agents and employees for requiring the background check.

Never have shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

#### Applicant Signature: Date:

Office Representative Signature: Date:

**OFFICE ONLY**

Hire Date: Start Date: Initials:

STAFF ETHICS POLICY

Miriam Loving Care Agency place more emphasis on the employee's ethics at client's home. The following is the rules and regulations that Miriam Loving Care Agency has established for his staff. Failure to adhere to these policies will result in termination.

Staff:

1. Is not allowed to use member's car for personal use.
2. Is not allowed to consume member's food or beverage.
3. Is not allowed to use member's telephone for personal calls.
4. Should not be discussing political or religious beliefs, or personal problems with the member.
5. Is not allowed to accept gifts or financial gratuities (tips) from the member or member's representative.
6. Should not be engaged in lending money or other items to the member, borrowing money or other items from the member or member's representative.
7. Should not be engaged in selling gifts, food or other items to or for the member.
8. Is not allowed to purchase any items for the member unless directed in the service agreement/care plan.
9. Is not allowed to bring other visitors (children, friends, relatives, pets, etc.) to the member's home.
10. Is not allowed to smoke in the member's home, with or without permission form the member or member representative.
11. Should report for duty under the influence of alcoholic beverages or illegal substances.
12. Is not allowed to sleep in the member's home.
13. Is not allowed to remain in the member home after services have been rendered.

Applicant (print name):

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_